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The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XVII—No. 7.
WHOLE NUMBER 191

GRAND RAPIDS, MICH., JULY, 1918

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CONTENTS

ORIGINAL ARTICLES.		EDITORIAL.	
	PAGE		PAGE
Some Interesting Surgical Conditions of the Knee Joint. R. C. Andries, A.B., M.D., F.A.C.S. ..	291	The Need of Organizational Cooperation	297
The Relation of the Medical Profession to the Municipally Controlled Medical School of Detroit. Andrew P. Biddle, F.A.C.P.	295	President Hume	298
Severed Right Femoral Artery. Donald L. Stil- well, M.D.	296	The A. M. A. Chicago Meeting	300
		Editorial Comments	300
		Correspondence	302

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CONTENTS—Continued

DEATHS.	PAGE		PAGE
Dr. E. T. Abrams	303	Infection and Resistance. By Hans Zinsser, Professor of Bacteriology, at the College of Physicians and Surgeons, Columbia University.	304
STATE AND SOCIETY NEWS.		A Diabetic Manual. By E. P. Joslin, M.D. Assistant Professor of Medicine, Harvard Medical School.	304
State News Notes	303	Syphilis and Public Health. By Edw. B. Vedder, A.M., M.D., Lt. Col. Medical Corps, U. S. A.	304
BOOK REVIEWS.		Miscellany.	305
The Medical Clinics of North America. Volume I. Number 5. (The Chicago Number, March, 1918).	304		
The Surgical Clinics of Chicago, Volume II, Number 2 (April, 1918).	304		

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Vol. XVII

GRAND RAPIDS, MICHIGAN, JULY, 1918

No. 7

Original Articles

SOME INTERESTING SURGICAL CONDITIONS OF THE KNEE JOINT.*

R. C. ANDRIES, A.B., M.D., F.A.C.S.

DETROIT, MICH.

Surgery of the knee joint is a subject far too broad and too extensive for consideration at this time. A short paper must necessarily have a narrower issue. It must be limited to certain aspects of joint disease. Accordingly, I have chosen those conditions of the knee joint in which the presence of foreign bodies is either the sole factor, or at least, forms a very important part in the causation of the knee joint symptomatology. Internal derangements of the knee joint is another term often applied to these conditions. They are infrequent, and usually appear in otherwise healthy individuals; yet, from time to time, they are very troublesome, interfering with necessary exercise, and even with earning a livelihood. The very fact that they are often not totally disabling to the patient accounts for the carelessness and indifference with which they are at times treated.

Since the days of John Hunter, 150 years ago, numerous articles on derangements of the knee joint have appeared in literature. Of late years, except in technic of operations for these conditions, nothing new has been added; nor is it possible for me to add anything new or startling. I wish merely to call attention to a few points which should differentiate these curable conditions from the great mass of knee joint affections, which, if treated early, will prevent many a knee from becoming the seat

of a pathological process, beyond the repair of either medicine or surgery.

The knee joint is the largest joint in the body. Besides mobility, it must have considerable strength. The hip, too, requires considerable strength, but here, the bony conformation adds greatly to the stability of the joint. In the knee, the bones do not afford much stability, but the joint depends on the ligamentous structure for its fixity. Muscles and tendons do not aid materially. Anything, therefore, which interferes with the ligamentous morphology will necessarily hinder locomotion.

Besides the ligaments, the menisci or semi-lunar cartilages are an important factor in the function of the knee joint; they are really similar in structure and function to the glenoid and cotyloid ligaments that enlarge and deepen the articular surface of the shoulder and hip joints, respectively. They differ in that they are attached to the lateral ligaments of the knee joint, and are only loosely bound to the margin of the tibia. Normally they move upon the surface of the tibia to a range of about 1 cm, or less than one-half inch. In the movements of flexion and extension the menisci also change in contour, becoming longer and thinner in full extension, and correspondingly shorter and thicker in flexion.

The loose or floating bodies which appear in large joints, and especially in the knee joint, are classified differently by various authors. The prognosis will naturally depend upon a clear conception of the variety of loose body. Accordingly, the differentiation must be made, whether the loose body is the result of disease or trauma. In the majority of cases we must be directed to a great extent by what we are told. A precise history is important.

Considering, first, the diseases that are prone

*Read before Section on Surgery, 53d Annual Meeting, M.S.M.S., Battle Creek, May 8, 1918.

to produce loose bodies in the joint, the classification may be made as follows:

First. Tuberculosis in or near a joint, with its fibrous exudate developing later into multiple fibrino-cartilaginous bodies, commonly called rice bodies.

Second. Syphilis, with its gumatous formations, producing a specific proliferative osteoarthritis; particles of the proliferating masses becoming detached, usually by slight trauma.

Third. The non-tubercular arthrocathies; such as ulcerative, formative, or fungating arthritides, attacking either the articular cartilages, or the synovial lining. In the later case, they will produce thickenings in the folds and fringes of the synovia, and later chondrification, and even ossification. These thickened portions of the synovial fringes remain attached as a pedicle, or by slight twists or trauma, become separated and in either case act as foreign bodies.

Secondly, in the foreign bodies that are purely the results of trauma, the following classification may be made:

First. The accretion cartilage, which begins as a separation of a fold of serous membrane, or a small fragment, increasing in size from the nourishment it receives from the synovial fluid.

Second. A fragment of articular cartilage, fairly large in size, is torn, or broken off, from the condyle of the femur, by direct violence.

Third. An attached portion, either of the synovial membrane or of fibrous tissue becomes traumatized, and without an infective process, increases in size, but remains attached.

Fourth. Fracture or luxation of the semilunar cartilages. These luxations and fractures are more frequent in the internal than the external cartilage, the proportion being about 92 per cent. in the former to only 87 in the latter.

Several anatomical reasons can be given for the more frequent injury to the internal semilunar cartilage. The internal semilunar cartilage has a very close connection with the capsule and internal ligament; the external semilunar cartilage has no relation with the

external ligament and its connection to the capsule is very loose. Neither cartilage is very closely adherent to the tuberosities of the tibia.

Keeping in mind these anatomical attachments, we must remember that the knee joint is not merely a hinge joint, permitting only flexion and extension, but is capable of abduction, adduction and rotation. These latter movements are most pronounced at flexion from 30 to 90 degrees.

With these anatomical and physiological facts, we can readily understand how, in a sudden over-rotation of the tibia on the femur, in a flexed position, a tear of the external semilunar cartilage would not likely take place, but in a majority of cases, a stretching of its rather loose attachments; while the same force directed towards the internal semilunar cartilage would, on account of its firmer attachments, produce either a tear, a split, a fracture, or a luxation. The semilunar cartilages, being thrust towards the center of the joint and gripped between the articular surface of the femur and the upper surfaces of the tuberosities of the tibia, produce the locking of the joint that makes the tear possible.

The symptoms produced by these foreign bodies, whether their presence is due to trauma or disease, are similar. A sudden sharp lancinating pain appears, accompanied, in some cases, by nausea, vomiting and faintness, followed by inability completely to extend the tibia on the femur. Then, usually, after some manipulation, extension is again possible, pain subsides, but tenderness and weakness, together with swelling and enlargement of the joint persists. The duration of the symptoms will depend upon the severity of the trauma produced by the sudden locking of the joint. In severe cases, the synovitis may persist for one or two weeks, while in mild ones, it may not appear at all, or, at best, be very short lived.

These symptoms all disappear, only to reappear at the next attack of "locking of the joint," when the foreign body, through some twist of the leg, such as in striking the toes against some object when the leg is partly flexed, stumbling, turning suddenly in bed, or

the like. The subsequent attacks may be very slight, there may be only a click or a snap, then a momentary locking, suddenly another click or snap, and almost full function is restored to the knee.

It is precisely this repeated and continuous appearance of symptoms, these successive attacks of synovitis, and the added damage produced in the articular and peri-articular structures by each subsequent attack, that brings out the imperativeness and necessity of some form of treatment which will cure the condition permanently, and render further attacks, with their accompanying pathological changes impossible.

As mentioned above, the knee joint depends for its stability principally upon its ligamentous structure. Repeated synovitis with effusion into the joint causes a stretching of the synovial sac and its incorporated ligaments. This repeated and continuous stretching appearing again and again, year after year, finally causes a laxness, increases lateral mobility, produces over extension, and as a result, the joint becomes less and less stable, with progressive impairment of function.

The fact that the diagnosis depends upon the etiology of the foreign body, has already been alluded to. In the case of foreign bodies solely due to trauma, a good prognosis, even 100 per cent. cures can be expected. Whereas, foreign bodies due to disease may be, and usually are, secondary. In these cases, the prognosis is not so good; nevertheless, *per se*, they should demand attention. For instance, a patient complaining of pain and "catching" in the knee joint, a loss of stability in slow degrees, a gradual appearance of soreness, occasional shooting pains in the lower limbs, and, upon examination, shows evidence of sensory disturbance, a hypermobile painless joint, together with a history of lues, that patient has foreign bodies which are secondary. In all probability he has a "Charcot's Joint." If, in a joint of this kind, the symptoms of acute synovitis caused by the foreign body are frequently repeated, attention should be directed to their removal.

Foreign bodies in the knee joint, especially

if due to disease, produce a sort of viscous circle. In the first place, they are caused by an arthritis of some kind, and in the second place, they themselves keep up, or even cause the arthritis. In knee pathology the sequence of events is usually as follows: first, trauma, which in healthy joints causes a laceration or luxation of a semi lunar cartilage, a breaking off of a piece of articular cartilage of either condyle, etc., and, in diseased joints, a severing of a piece of thickened synovial fringe, or a separation of an osteophytic growth; secondly, as a result of the irritation by the foreign body from whatever cause, a chronic traumatic synovitis usually develops, the pathological picture of which is a thickening, later, a chondrification of the capsule, and even an ossification of the synovial fringe of the capsule.

The recurrent trauma produced by the "catching" of the foreign body causes a congestion, a stiffening of the joint, an edema of the villi of the synovial fringe. In time, the thickened villi becomes cartilaginous, in turn they themselves break off, and form newer and more numerous foreign bodies, and afford additional sources of trouble. In this manner, a foreign body in a healthy joint will set up a chronic arthritis, and in a diseased joint, it is, in many cases, the etiologic factor which keeps up the arthritis.

Treatment. In purely traumatic bodies, there is but one form of successful treatment, namely, early surgical removal.

In the case of foreign bodies due to disease, surgical removal is very often the best course to pursue, especially if the joint locking occurs frequently, and each time brings forth a fresh effusion into the joint. In these cases appropriate treatment for the underlying cause is, of course, essential. A preliminary X-ray, to determine the extent of changes in the articular structures should never be neglected. Early cases, with little or no thickening in the synovial membrane, are best treated by a preliminary injection of a 2 per cent. Solution of Formalin in Glycerine, after the method of the late John B. Murphy. The benefit of this procedure lies in the fact that it will increase the

resistance of the joint to infection by causing an active leucocytosis, a "cofferdamming" of the lymph spaces. In long standing cases, where there is considerable thickening of the synovial membrane, this procedure is not necessary.

If possible, the foreign body should be located; it can then be transfixed with a needle and removed under local anesthesia. If this is impossible, the joint must be opened freely. Under the strictest aseptic precautions, a longitudinal incision, lateral or medial to the patella, is made, the joint opened and explored. A good view of the semi-lunar cartilage on the side of the incision is at once obtained, and any abnormality can at once be seen.

In some cases the whole anterior part is loose. A tongue shaped piece may be detached and turned inwards; the cartilage may seem normal, but can be made to move abnormally forwards and backwards. If the cartilage is at fault, it should be entirely removed, as partial ablation is often a cause for the recurrence of symptoms. If the semi-lunar cartilages are normal, some other cause for the symptoms must be sought. In many cases, enlarged and chondrified tags of the synovial fringe are found, which must be excised. If the fringe is normal, a fracture of the articular cartilage of the femur may be the cause, especially in front, as evidenced by a loose or missing piece of cartilage, displaying the bony surface of the femur; one or two loose bodies may be seen in the inter-condyloid notch, or by external manipulation may be squeezed from the sub-crural pouch. If one body is found, a search should always be made for others, as neglect of this precaution might cause a recurrence of symptoms.

Manipulation and undue irritation by frequent sponging, long exposure, and above all, the escape of blood into the knee joint, must be scrupulously avoided. This can be prevented by the proper application of a tourniquet, which should be left constricted at least until the capsule is accurately sewn with continuous fine catgut. It is unnecessary to introduce anything but sterile instruments into the joint cavity.

With proper attention to technic there should

be no untoward effects. The function of the patient's knee joint should be restored to its original firmness and stability.

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THE RELATION OF THE MEDICAL PROFESSION TO THE MUNICIPALLY CONTROLLED MEDICAL SCHOOL OF DETROIT.

ANDREW P. BIDDLE, F.A.C.P.,

President pro tem., Board of Education of the City of Detroit.

It is hardly necessary and perhaps not wise to enter here into a discussion of the years of controversy and of the earnest efforts—to date unfruitful—of the many able leaders and thinkers of the profession to locate the clinical teaching of the Medical and Surgical Departments of our great University in the heart of the State's greatest clinical centre. What was true a half century ago, when this effort was begun, is tenfold truer to-day. The best clinical teaching, other things being equal, must find its place in the richest field of clinical supply. The problem is to co-ordinate the material and to put the teaching on a plane demanded by the highest interest of the profession and the public. To neglect at this time of national crisis the clinical advantages for teaching purposes of a city of 800,000 or more with its vast emergency and industrial fatalities and its well established hospital facilities would be suicidal to the interest of the profession and criminal to the demands of this and the war torn countries of Europe.

The army and navy have taken and will take for some time the largest percentage of our graduates; the supply, were every reputable school in full operation, cannot and will not for many years meet the demand of the civilized world for educated physicians. In spite of this urgency a few medical schools must go to the wall for lack of funds to meet the increased cost of medical education. Those which survive will do so because of previous endowment, state or municipal aid. Fortunately, the City of Detroit has through its officials recognized the debt it owes to our soldiers, to

its own population and to the world at large and has without a dissenting voice approved of the budget submitted by the Board of Education for the maintenance of the Detroit College of Medicine and Surgery during the coming fiscal year, the same to be under the control of the said Board; and the latter has accepted the offer of the Trustees of the Detroit College of Medicine and Surgery and will on July first of this year lease from the Trustees for the sum of \$1.00 and other considerations all the real estate, buildings and good will of the College and from said date take full charge of its educational and financial systems.

Thus with the coming of July will the great metropolitan city of the state undertake the education of the students through his premedical, collegiate and medical years, and, if experience shall have proven the wisdom of the course, it takes but little foresight to see herein the entering wedge for a great Municipal University, so sorely needed for the thousands of our boys and girls, who would eagerly grasp the opportunity of higher education, were it within the financial reach of their parents. To deny this is not to know their needs and their ambition.

The Board of Education of the City of Detroit is composed of seven members, elected at large on a non-partisan ballot. It controls the whole educational system of the city. If the great University of Michigan has prospered under the guidance of a Board of Regents elected on the partisan ballot and has remained free from political chicanery and influence, is it not possible to believe that as at present constituted the Board of Education of the City of Detroit will be free of this baneful influence? Cannot its citizens look with assurance to the fact that the Board will be true to the principles upon which it was created, the foremost of which is the cardinal one of superintending and furthering the educational interests of its boys and girls without fear or favor? If this be true, then the College belongs to the Citizens of Detroit and this new problem of medical education belongs as much to every member of the medical profession both of the city and of the

state as it does to the Board of Education. His voice should be heard, his influence felt. The active co-operation of every hospital of the city with its rich clinical resources is not only welcomed, but in the name of scientific medicine expected. The "after the war" problems are great and serious enough to engage the attention of us all. The establishment of a municipally controlled medical school in the City of Detroit will at once elevate its standard to the plane enjoyed by the other educational systems and in no way hamper the excellent work of the Department of Medicine and Surgery of the University of Michigan. Neither school can furnish the normal supply needed in Michigan alone, so there are work and glory enough for both. If it does anything, even if the Board of Regents sees fit to enter the Detroit field, it can be only a stimulus to each. So in the interest of medical education and in the name of humanity let the one supplement the work of the other and be rival only for the opportunity of greater service.

SEVERED RIGHT FEMORAL ARTERY.

DONALD L. STILWELL, M.D.

DETROIT, MICH.

History.—G. S. American, age 23, single, male, machine hand. Injured July 18th, 1917, 4:30 P. M. While brazing a pipe for the front spring of an automobile he was using two acetylene torches. In some unknown manner an explosion occurred and the pipe and the plug he was brazing into its end were forcibly thrown against his right groin. He was not knocked down and says he experienced no particular pain at the moment. However he soon noticed a numbness of the whole right leg. A physician was called from the neighborhood and rendered first aid. He reached the hospital by ambulance some twenty minutes after his injury. He was immediately seen by the writer.

Examination.—Examination disclosed a hematoma of the right inguinal region, the size of a large grape fruit and just below Poupart's ligament. Over the center of this was a small circular gauze dressing the size of an eye pad, and held in position by two small adhesive straps. When this was removed a puncture wound was seen which might admit the small blade of a pen knife.

On admittance, the patient was complaining that the right leg was paralyzed and that the plantar

region was very hot. His clothing was cut off and the region shaved and cleansed with benzine and painted with iodine. During the cleansing a portion of the clot was ejected from the small puncture wound. Immediately profuse hemorrhage ensued. Pressure was made on the proximal end of the artery against the pubic ramus. The patient was showing severe symptoms of shock and hemorrhage. While the anesthetic (nitrous oxid-oxygen) was being administered 750 cc. of normal saline was being given by hypodermoclysis. Of course compression was maintained on the artery, a tourniquet being impossible.

Operation.—An incision was made over the femoral course from the lower edge of Poupart's ligament a distance of four inches. The enormous blood clot was scooped out with the left hand and dissection made easily down to femoral artery with the fingers. The wound was mopped out disclosing complete severance of the femoral one-half inch below Poupart's. The proximal end was securely clamped with a heavy hemostat and then the distal end. There was slight oozing from the tissues, probably from non-removed portions of the clot. The wound was dried, the proximal end of the artery was well exposed and ligated with kangaroo tendon, the stitch including muscle on either side thus burying the ligated artery in muscle. The distal end was ligated likewise.

The site was observed for a period and no further hemorrhage appearing, the wound was closed with interrupted sutures of No. 2 catgut and retention sutures of silkworm gut and skin clips between. Drainage was provided. Dry dressings.

Post Operative Course.—At the conclusion of the operation the right leg was very cold and cyanotic. Pulse 96. He was put to bed and hot water bottles placed about him. He was given one-sixth of morphine. Before midnight, the leg became warmer and better color. Patient comfortable and slept fair.

The next day the leg was warm and of good color, the collateral circulation having been established. The wound was dressed on the third day and was clean. On the 8th day, all stitches were removed. Wound clean. On the 9th day patient was up in a wheel chair. August third, allowed crutches.

Recovery uneventful. August 10th, walked without aid of crutches. August 13th, out of doors. August 23rd, discharged cured.

X-ray on July 27th eliminated the possibility of severance by retained foreign body.

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A. L. Seeley, Chairman Mayville
 E. W. Toles Lansing
 R. S. Buckland Baraga

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July

Editorials

THE NEED OF ORGANIZATIONAL COOPERATION.

We can reach but one conclusion in the ultimate analysis of the trend of events in so far as they pertain to the medical profession: The medical needs of our military forces and of our civic and industrial interests can only be solved and met by organizational co-operation and work.

The Surgeon-General has stated that the immediate needs of the army is 5,000 medical officers by July first and 2,500 per year thereafter for the duration of the war providing our military forces did not exceed three million men. If the exigencies of the war caused an increase of our army to four or five million men a heavier demand would be made for professional men to enter active service.

The Surgeon-General has also expressed the desire that communities and industries be not deprived of necessary medical and surgical protection. In presenting this need the Surgeon-General has stated that he believed that medical officers could be best obtained and the interests of communities and industries safeguarded by the assumption of this work by the American

Medical Association and its constituent organizations.

Therefore in responding to the call of the Surgeon-General and in assuming the responsibility he has placed before us there is called forth the cooperative strength of our State Society. To acquit ourselves of this work it becomes imperative that each component county society likewise awaken to the realization that the needs of our country demand their organizational cooperation.

To supply the men and to protect the home interests two essentials are paramount. The first is a survey of our professional resources; the second the determining of community and industrial needs.

A survey of every physician of the state is being made. Information is also being secured as to the number of people in each county and what their needs are as to medical and surgical attention. The requirements of industries are also being tabulated. It is intended that we shall have accurate, reliable information on all these subjects, with that information at hand it will be then possible to determine what men can go, what communities and industries can spare these men and what procedure had best be observed in filling out our quota of medical officers.

It must at once become apparent that such a method for the handling of this call is both sane, logical and efficient. Therefore, we are placing this vital problem before the profession and urge that those who have been called upon to execute the work be accorded organizational cooperation that is prompt and aggressive. Likewise do we appeal that personalities, petty spite and jealousies, fixed or fancied grievances, personal ambitions or avarices be suppressed, forgotten. There must be but one spirit—how best to meet the hour's need. Other influences must not be permitted to warp our judgment or lead us astray. There must be but one purpose—Supplying Our Country's Needs. With that spirit let us all bend to the work before us.

Just a word as to personal interests. If it is the conclusion of your associates that you can be spared do not indulge in further excuses

and objections. File your application promptly and arrange to go as speedily as possible. If you are eager to go, have been simply chafing to go and it is determined that you are needed at home resign yourself to that conclusion, dig in and whole-heartedly acquit yourself of the home duties that rest upon you. The man at home is just as much a hero as he who sees active service, providing the need of his remaining at home has been determined. In the end justice and sane judgement will conserve and recognize your right to credit for patriotism and devotion to duty. As ex-President Biddle well stated: "The duty of the hour is *service*." Service at home or in the ranks will be equally patriotic under this proposed plan. But woe betide him or her who under the guise of patriotism strives alone but for personal and pecuniary gain. He or she will sooner or later be exposed and then they will become bereft of all friendship or professional companionship. Pitiably will be their existence.

Medical Men of Michigan our task is before us. We *must* respond with our fullest organizational cooperation and effort.

PRESIDENT HUME.

Arthur M. Hume elected President at our 53d Annual Meeting scarcely requires any review of his activities in the professional and social life of this state. His career has been such that we are all familiar with his qualities as a man and likewise as a physician. We have all benefited by his work in organizational and political circles and our environments have been made the pleasanter by reason of the labor he has contributed in our behalf.

Deserving as he assuredly is of the office to which we have elected him and confident as we are that his activities while the incumbent of that office will more greatly endear him to the profession of Michigan we are going to content ourselves by presenting in tabulated form part of his personal history.

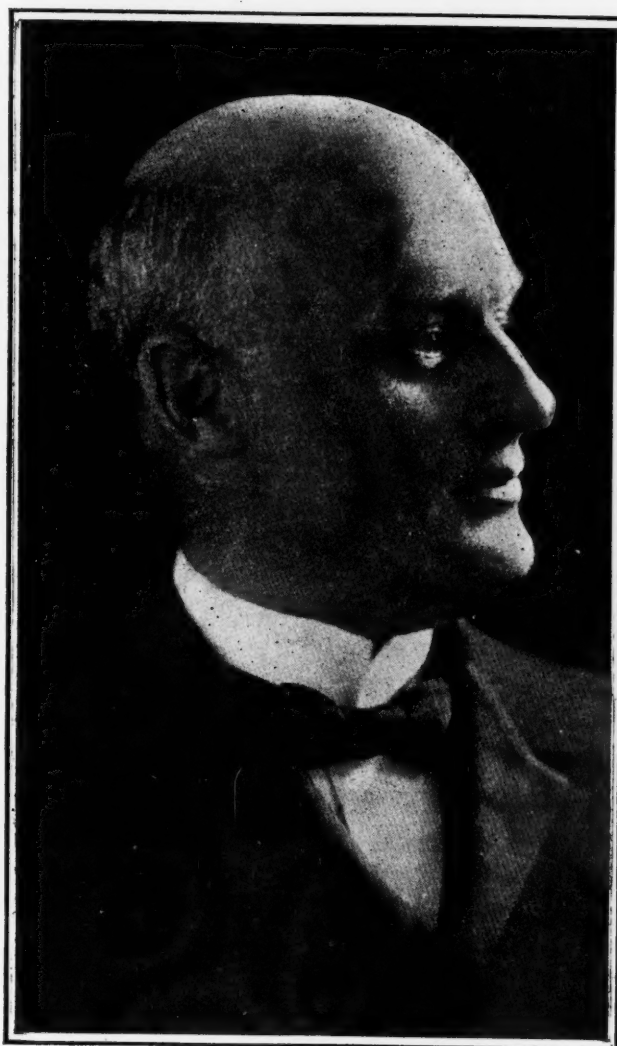
Born in Medina, Lenawee County, Michigan, July 16, 1859. Father, American of Scotch descent. Mother, born in England coming to

America in girlhood. Youngest of an "old fashion" family of nine. Attended common schools, later High School at Hudson, and Oak Grove Academy at Medina. Taught five terms in country school, the first when 16 years of age. Graduated in Medicine at Detroit Medical College, Class of 1881. Practiced at Bennington, Mich., about two and one-half years. Married in January, 1882, to Ida M. Norris of Bennington. Located in Owosso, October, 1883, in partnership with Dr. Jabez Perkins, an old practitioner and one of the most able physicians of Michigan. This association continued about twenty years until the death of Dr. Perkins. For several years Health Officer and President Board of Health of Owosso. Ten years member of Owosso Board of Education. In 1899 and 1900 Mayor of Owosso. From 1891 to 1899 a medical officer of Michigan National Guards and in 1898 Acting Brigade Surgeon at Island Lake during organization of Guards for Cuban service. Has been local surgeon of Ann Arbor and Michigan Central R. R.'s for many years, and Chief Surgeon Ann Arbor R. R. since 1910. For many years a member of the American Association R. R. Surgeons and of the National Association Railway Chief Surgeons. Active in Masonic work, Master of Owosso Lodge in '90, '91, '92 and '93. Grand Master of Masons in Michigan in 1909-10, and a 33 degree. Member of Congregational church, Owosso.

Two daughters, Ethel D. and Margaret A., and one son, Major (Dr.) Harold A. Hume with whom associated in practice from 1900 to 1916. At that time Dr. Harold went with his regiment (32d Mich. Inf.) for border service in Texas. Soon after his return in 1917 he was assigned to medical service in the office of the Adjt. General at Lansing and is yet serving there.

Has been a Fellow American College Surgeon since early in its organization. Appointed a member of State Board of Registration in Medicine in 1911, and is now serving second term on that Board.

Became a member of the Michigan State Medical Society about 1883, and continuously



PRESIDENT ARTHUR M. HUME,
Owosso.

since. Always an active member of the old Owosso Academy of Medicine and of the later Shiawassee County Medical Society. By election as delegate became a Fellow of the A.M.A. about '87. Elected Councilor 6th District M. S. M. S., 1909, serving continuously to time of election to Presidency.

We pledge our President that as our head we will render unto him every support and assistance that he may require to further the effectiveness and influence of our organization.

THE A. M. A. CHICAGO MEETING.

In point of numbers and attendance at section meetings the Chicago meeting was a pronounced success. There was a pronounced spirit of patriotism that permeated the entire meeting. The many men in uniform gave a distinct military setting to every gathering. Nineteen different meetings occurred in the five days and 115 speakers were listed on the program. He who attended returned home conscious of the magnitude of the part that our profession is taking in the war.

There were no social features excepting the smoker given to the members of the House of Delegates by the Chicago Medical Society. The evening patriotic meetings were inspiring and crowded houses greeted the speakers. The distinguished guests from our Allied countries were deservedly honored by round after round of applause that greeted them.

The House of Delegates accomplished its work expeditiously. Much of it was routine in character dealing with annual reports of organizational activities. No radical legislation was enacted. An uncalled for effort to "oust" certain officers of the Association was frustrated. The "Martin Machine" sought to elect Martin as Secretary and by selecting new trustees place W. A. Evans of Chicago in the office of General-Manager and Editor. To attain that end they supported the candidacy of the Surgeon General of the Navy. It is regrettable that at this time the Surgeon-General of the Navy should have been made the "peace-maker" of these men. Dr. Lambert of New

York was elected by a vote of 60 to 57. Many of the delegates voted for Dr. Braistead because of being the Surgeon-General of the Navy and their support cannot be construed as supporting the "political aspirants" in their base attempts. Sustaining this defeat they did not undertake to place their other candidates in nomination. Atlantic City was selected as the place for holding the 1919 annual meeting. Michigan's four delegates were in attendance at all the sessions of the house. Our Delegate, Dr. Connor of Detroit, served on the Committee of Scientific and Section Work.

Michigan was well represented with 347 of our members present.

Editorial Comments

Chairman W. J. Kay of the Council has appointed the following Council Committee.

Finance—

Dr. C. T. Southworth, Chairman.
Dr. S. K. Church.
Dr. F. Holdsworth

County Societies—

Dr. G. L. Kiefer, Chairman.
Dr. F. C. Witter,
Dr. J. M. McClurg.

Publication—

Dr. A. L. Seeley, Chairman,
Dr. E. W. Toles,
Dr. R. S. Buckland.

The following pertinent extracts from President Bevan's annual address delivered at the A. M. A. meeting are so very pertinent that they bear repetition. In fact we recommend that every doctor in Michigan read the entire address:

THE COUNCIL OF NATIONAL DEFENSE—MEDICAL SECTION

The efficient organization of the medical profession of this country for war is being splendidly accomplished by the cooperation between the Medical Departments of the Army and Navy and the organized profession, the American Medical Association. It has been unfortunate that a medical advisory committee which is not in any way representative or democratic, and which has no proper function in the efficient organization of the medical profession for war, should have been called into existence. A small coterie of specialists, of gynecologists and surgeons, no matter how eminent or how successful they may have been as promoters

and exploiters of special medical societies, can in no way in this great emergency and in this great democracy represent the medical profession.

WAR ACTIVITIES.

As President of the Association, I desire to call the serious consideration of each county medical society to the fact that in order to do its duty it should furnish at least 20 per cent. of its members for military service. This situation should be met fully and promptly by each county medical society. In order to prevent hardships to communities due to lack of medical service, and in order to prevent the crippling of medical schools and hospitals, no community and no institution, unless it is clearly oversupplied, should be allowed to furnish more than 50 per cent. of its medical men. As far as possible the quota from each county should be filled by men under 45 years of age. If this is not possible, men up to 55 will be taken. As fast as each county fills its quota of 20 per cent.—and this should be done by each county within the next few months—the secretary of the county medical society should notify the secretary of the state medical association and the secretary of the American Association of that fact.

The demands made on the medical profession by the war are so great that it is evident that in order to secure the necessary number of medical men for the government, and at the same time prevent hardships in some communities and institutions, it is necessary to organize the entire profession of the country in a systematic way. It therefore became necessary for the American Medical Association, acting with the Surgeon-General's Office, to take a census of the available medical men in the United States in each state, in each county, in each medical school and in each hospital, and to attempt to secure from each one of these different units at least 20 per cent. of the medical men. This plan will enable the government to secure the necessary number of medical officers for an army of 5,000,000 men or more, and a navy of 1,000,000 without any great hardship to any community or to any institution. It is evident that a plan of this kind is absolutely essential, and it is the purpose of the American Medical Association through its county and state societies and its national organization to create such a systematic classification and secure the adoption of this plan. Such a plan means a voluntary draft to the medical profession by the profession itself. The medical profession will supply the men needed by the government. No conscription, no compulsion will be required.

Michigan now has a war committee in every county. The individual survey will be made just

as soon as instructions are received from Chicago. In the meantime we urge that every War Committee endeavor to secure as many enlistments in their county as possible. We are indeed confident that the work of securing the necessary men will be systematically undertaken. While the stars of our service flag are turning from blue to gold we must reaffirm our allegiance and pledge our all to the cause.

The wearing of a wrist watch is no longer an insignia of sissified degeneration. Many of us have always looked askance towards he who had adopted that method of carrying a time piece. We must re-adjust our views when we see men whom we have always looked up to with respect and esteem wearing wrist watches—and they are not all in the service either. Surely we must, to play safe, be ready to revamp many of our former opinions in this day of rapidly changing standards.

"Tonics and Sedatives" column in the A.M.A. Journal is edited by Dr. Fishbine of the Journal's editorial staff. Many of us have indulged in a hearty laugh while reading these quips. At times they are not so mirth producing and we have wondered why. We recently ascertained the reason—when the cards are running against one a sadness and gloom permeates one's mind and wit and humor forsake us. When we are winning, always holding the higher hand, and the pile of red, white and blue rise to form an impregnable barricade the reverse becomes true with a renewed keenness for humor and wit. Henceforth we will know how that Chicago game is running for we have an indicator in the "Tonic and Sedative Column." Yes we "sat in" once. The following issue was scintillating to the extreme.

If it were not for our advertisers the publication of *The Journal* would be impossible. To retain this patronage it becomes imperative that all of us confine our patronage, whenever possible, to those who advertise with us. We implore our members to support our advertisers. Now, if never before, send them your business.

We want every advertiser to renew his contract. We will not succeed in securing renewals if our members fail to make their advertising a good paying investment. Let's all boost for the next six months.

It's time to commence saving for the next Liberty Bond campaign. We must double our subscriptions. The more we purchase the sooner will the war end.

PROCAINE AND NOVOCAINE IDENTICAL.

To the Editor:

It appears that in certain quarters the attitude is taken that the local anesthetic sold as Procaine is not identical with that marketed as Novocaine. The Subcommittee on Synthetic Drugs of the National Research Council believes it important that this misunderstanding should be corrected and hence offers the following explanation:

The monohydrochloride of para-amino-benzoyl-diethylamino-ethanol, which was formerly made in Germany by the Farbwerke, vorm. Meister, Lucius and Bruening, Hoechst A. M., and sold under the trademarked name Novocaine, is now manufactured in the United States. Under the provisions of the Trading with the Enemy Act, the Federal Trade Commission has taken over the patent that gave monopoly for the manufacture and sale of the local anesthetic to the German corporation, and has issued licenses to American concerns for the manufacture of the product. This license makes it a condition that the product first introduced under the proprietary name "Novocaine" shall be called Procaine, and that it shall in every way be the same as the article formerly obtained from Germany. To insure this identity with the German Novocaine, the Federal Trade Commission has submitted the product of each firm licensed to the A. M. A. Chemical Laboratory to establish its chemical identity and purity, and to the Cornell pharmacologist, Dr. R. A. Hatcher, to determine that it was not unduly toxic.

So far, the following firms have been licensed to manufacture and sell Procaine:

The Abbott Laboratories, Ravenswood, Chicago.
Farbwerke-Hoechst Company, New York, N. Y.
Rector Chemical Co., Inc., New York, N. Y.
Calco Chemical Company, Bound Brook, N. J.

Of these, the first three firms are offering their products for sale at this time, and have secured their admission to New and Nonofficial Remedies as brands of Procaine which comply with the New and Nonofficial Remedies standards.

While all firms are required to sell their product under the official name "Procaine," the Farbwerke-Hoechst Company is permitted to use the trade designation "Novocaine" in addition, since it holds

the right to this designation by virtue of trademark registration.

In conclusion: Procaine is identical with the substance first introduced as Novocaine. In the interest of rational nomenclature, the first term should be used in prescription and scientific contributions. If it is deemed necessary to designate the product of a particular firm, this may be done by writing Procaine-Abbott, Procaine-Rector, or Procaine-Farbwerke (or Procaine "Novocaine brand").

Yours truly,

JULIUS STIEGLITZ, Chairman,

Subcommittee on Synthetic Drugs, National Research Council.

Headquarters Sanitary Squad No. 2,
39th Division, Camp Beauregard, La.

June 14th, 1918.

Dr. F. C. Warnshuis,

Grand Rapids, Michigan.

Dear Doctor:

I am taking the liberty of writing you a few lines in regard to the question of the relation of the men in the Medical Reserve Corps to the rest of the profession who are at home.

We all know, that is, those who are in the service, what has had to be given up in order that we may serve our country. We who are in the service are not really the ones who have had to sacrifice the most, it is our wives and families who have been called upon to do the real sacrificing. They have to get along without the things they have been accustomed to and in very many instances they have been compelled to give up their homes, because they could not afford to keep them up.

Very few, who are not in the service, know the expense incurred by an officer in properly equipping himself so as to satisfy the conditions laid upon him by the regulations of the Army. In the Army and Navy Register of February 23rd, 1918, on page 227, there is given by Senator Chamberlain, a list of the articles required and the minimum cost of the equipment required by each dismounted officer in the Army, as required by section 4, 'Regulations for the Uniform of the United States Army' (Special Regulations, No. 41), and 'Information as to Uniform and Equipment for officers in France,'

headquarters of American Expeditionary Forces, November 16th, 1917. This *minimum* cost amounts to \$646.90. By way of comment, will say, that the prices which are given on this list can rarely, if ever, be duplicated if the articles are bought in the towns near which the camps are located, at least this is the experience of the officers in the camps with which I have been connected.

The result of this is that if the officer buys this equipment, his family has to do without, in many instances, the necessities of life, if he tries to cut down on his equipment then he gets in bad, because he does not comply with the regulations. To overcome this condition many officers have to go on the outside and borrow money at a high rate of interest, to properly equip themselves thereby incurring a debt, which they will have to meet after they get back in civil life, or if they don't get back, it will have to be paid out of the insurance money which should go to their families.

Now the suggestion which I have to make is this, the State Medical Society through the County Societies, made an assessment on its members and I doubt if many of men in the service or their families have ever called upon the Society for help, because I do not believe that they are the class who will ever beg, they would rather make any sacrifice than to be dependent on the charity of others, even though the others might be profiting by their sacrifice. Why not use this money to loan to the men in the service who may need it, so that they can get their equipment as they ought to without having to deprive their families of the little that is theirs by right. Loan it to them without interest and give them the opportunity to pay it back, and it will confer a favor on a great many men who are earnestly trying to do not only their "bit" but their best and their all for their country, which all are willing to work for and many willing to die for.

I will appreciate hearing from you in regard to this and hope that you will give it your favorable consideration.

There are five Michigan men down here in the 39th Division, at Alexandria, La. They are: Major John T. Sample, Saginaw; Captain A. J. Schmalzer, Hillman, Montmorency County; Lieut. A. A. Hoyt, Battle Creek; Lieut. F. W. Wastell, Onaway, Presque Isle County; and my self from Bridgman, Berrien County.

I wish that you would also send me my copy of the Journal of the State Medical Society to my address down here, I would like to keep in touch with what is doing in the State.

With kindest regards and best wishes,

Yours very truly,

DAVID LITTLEJOHN,

Captain, M. R. C., U. S. Army. Commanding Sanitary Squad No. 2.

Deaths

Dr. E. T. Abrams.

WHEREAS, it has seemed wise in the sight of a Divine Providence to remove from our midst, Dr. E. T. Abrams, a charter member of the Houghton County Medical Society, and

WHEREAS, we appreciate in his demise a great loss to the community in which he was a loyal and patriotic citizen, an irreparable loss to the medical profession, of which he was an active and leading member, and a regrettable loss to the State at large which he has served faithfully as member of the Legislature and of the State Board of Health; therefore be it

RESOLVED, by the Houghton County Medical Society, that we express our grief at the departure of so esteemed a member of our profession, so noble a member of society, and so worthy a public servant of the State; and be it further

RESOLVED, that we extend to Mrs. Abrams our sincere and heartfelt sympathy in her bereavement.

Houghton County Medical Society,

D. E. GODWIN, Secretary.

State News Notes

The Special War Bulletin of the American and Canadian Sections of the International Association of Medical Museums is a most interest absorbing publication. Dr. Warthin of Ann Arbor is one of the editors. The pathological investigations, studies and conclusions are most important contributions to war literature and materially assist in solving many problems that confront the medical officers. The Bulletin contains 415 pages of the most recent

literature on these subjects. We urge that our readers secure this Bulletin.

Dr. Leo C. Donnelly of Detroit has been honorably discharged from the medical reserve corps on account of an acute infection of the nasal sinuses.

The Calhoun County Medical Society held their sixth regular meeting on Friday evening, June 7, 1918. Dr. Samuel Goodwin Gant of New York City addressed the Society on two subjects, 1. Ulcerative Colitis with Conservative and Surgical Treatment; 2. Local Anesthesia in Rectal Work.

Dr. H. D. Bars, instructor in Surgery at the University Hospital, has tendered his resignation and will go into private practice with Dr. T. J. Carney at Alma, Mich., on July 1.

The State Board of Health has elected the following officers: Col. V. C. Vaughn, M.D., re-elected president; Dr. Guy L. Kiefer, vice-president to fill the vacancy made by the death of Dr. E. T. Abrams of Hancock.

Major James T. Case, M.D., formerly of Battle Creek, has recently been appointed Director of Roentgenology of the American Expeditionary Forces. Major Case was recalled from France by the U. S. Government to take up matters pertaining to X-ray work and is returning to France in the capacity of this office.

Book Reviews

THE MEDICAL CLINICS OF NORTH AMERICA. Volume 1, Number 5. (The Chicago Number, March, 1918). Octavo of 241 pages, 35 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

THE SURGICAL CLINICS OF CHICAGO, Volume II, Number II (April, 1918). Octavo of 208 pages, 79 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Published Bi-Monthly: Price per year: Paper \$10.00; Cloth \$14.00.

INFECTION AND RESISTANCE. By Hans Zinsser, Professor of Bacteriology at The College of Physicians and Surgeons, Columbia University, and Bacteriologist to the Presbyterian

Hospital, New York; Mayor Medical Officers' Reserve Corps, U. S. A. Published by MacMillan Co., New York. Price \$4.25.

This is an exceedingly comprehensive book on the experimental data upon which the modern conceptions of infection and resistance to bacteria and their products are based. It is written from the standpoint of the laboratory scientist but, nevertheless, every fact and theory is given to full clinical significance. The student and clinician will no doubt find it a laborious task to follow all the historical data connected with the development of each theory and principle but the effort will be well worth the while in the increased understanding it will furnish in this very practical division of biology.

It is a source of great gratification in a volume of this kind to note what a large part American workers have had in the recent advances of this science.

A DIABETIC MANUAL. By E. P. Joslin, M.D., Assistant Professor of Medicine, Harvard Medical School; Consulting Physician Boston City Hospital; Collaborator to The Nutrition Laboratory of The Carnegie Institute. Price \$1.75.

As a scientific medical book designed for the use of the layman this work deserves to take its place along side of that of Brown on Tuberculosis. Both diabetes and tuberculosis are chronic diseases in which the intelligent co-operation of the patient with the physician has an important bearing on the outcome. It is a matter of regret, however, to the general practitioner that the patients who are intelligent enough to read and understand a book of this kind are not the ones with whom he has the greatest difficulty in teaching and controlling.

The public at large may deem itself fortunate that an authority of Joslin's standing has taken the pains to reduce the important facts of such an extremely technical subject to the ordinary expressions of every day life.

SYPHILIS AND PUBLIC HEALTH. By Edw. B. Vedder, A. M., M.D., Lt.-Col. Medical Corps, U. S. A. Published by Lea & Febiger, New York and Philadelphia.

The book is based on an extended experience in this work in army life together with four years of laboratory work on the subject, during which time the author had constant access to the Surgeon General's library. The list of authors referred to in the book includes one of the most comprehensive

reviews that we have on the literature pertaining to this subject.

A consideration of some of the pertinent facts contained in this modest volume will convince the physician of the great importance that an understanding of the social and epidemiological aspects of this disease must have to his own selfish, personal interests.

It is customary to look upon syphilis as a disease associated with sexual immorality. Consider a few of the facts gathered in Dr. Vedder's work: 20 per cent. of the case among women in Fournier's clinics were transmitted by husband to wife. In Fournier's private practice, 75 per cent. of the married women contracted the disease from their husbands. In certain communities of Russia, syphilis prevails in 90 per cent. of the inhabitants. Vedder collected eight reports on 331 pregnancies in 100 syphilitic families. Fifty-five per cent. of these died at or before birth. Thirty-five per cent. lived but were syphilitic. Aside from such modes of infection, reliable authorities hold that the number of infections occurring extra-genitally amount to from 5 to 10 per cent. of the whole.

Certainly the physician continually coming in contact with a disease of such ubiquity can not afford to remain in ignorance of its modes of transmission, infectiousness and prevention. Not only in a professional way but as an ordinary citizen his safety and that of his family is constantly menaced by the spread of what has properly been called The Third Great Plague.

In this respect we heartily endorse Dr. Vedder's book as the most exhaustive, concisely written, unprejudiced work of the present date.

PROPAGANDA FOR REFORM.

Mayr's Wonderful Stomach Remedy.—This is a "patent medicine" adaptation of the old "fake gallstone" trick, which consists of selling large doses of olive or other oil and a saline cathartic. The result of taking this combination is the passage of a number of soapy concretions which the victim is persuaded to believe are gallstones. In 1915 Mayr was convicted under the Federal Food and Drugs Act for making false and fraudulent claims for his "remedy." As the Food and Drugs Act applies

only to the packages of a preparation and not to store window displays and newspaper advertising, Mayr has revised the labels, etc., for his "patent medicine," but still makes misleading claims elsewhere (*Jour. A.M.A.*, May 11, 1918, p. 1393).

Cotarnin.—Cotarnin is an artificial alkaloid derived by oxidation from narcotin, by a process analogous to the derivation of hydrastinin from hydrastin (which again differs from narcotin only by an addition OCH₃ group). Cotarnin hydrochlorid is marketed as stypticin, and cotarnin phthalate as styptol. Cotarnin is used systematically mainly against uterine hemorrhage, especially in menstrual hemorrhage; endometritis and congestive conditions. It is ineffective against postpartum hemorrhage or bleeding from gross anatomic lesions, and probably also against hemorrhage in other internal organs. Local application of cotarnin in substance or concentrated solution has a direct vasoconstricting effect and is used in tooth extractions, epistaxis, etc. (*Jour. A.M.A.*, May 11, 1918, p. 1396).

Syphilodol.—According to the French Medicinal Company, New York, Syphilodol is a "synthetic chemical product of silver, arsenic and antimony," the effects of which are very similar to those of salvarsan and neosalvarsan, with the advantage that, in addition to being available in ampules for intramuscular or intravenous use, it is also furnished in the form of tablets for oral administration. The A.M.A. Chemical Laboratory reports that each Syphilodol tablet contained approximately three-fourths grain yellow mercurous iodid with minute traces of arsenic, silver and antimony. The laboratory further reports that a Syphilodol ampule contained a liquid having the characteristics of water, in which the presence of less than 1/6000 grain of arsenic could be demonstrated. Shorn of its mystery, Syphilodol therefore is essentially the old, well-known "protoiodid of mercury." (*Jour. A.M.A.*, May 18, 1918, p. 1485).

Pyocyaneus Bacillus Vaccine.—When this vaccine was admitted to New and Nonofficial Remedies in 1910 it gave promise of having therapeutic value. Now the firms whose products are described in New and Nonofficial Remedies advise the Council

on Pharmacy and Chemistry that they have ceased to make the vaccine because of lack of demand. Holding the lack of demand as evidence that the vaccine had proved without value, the Council directed its omission from New and Nonofficial Remedies. (*Jour. A.M.A.*, May 18, 1918, p. 1486).

The Dr. Chase Company.—A fraud order prohibiting the use of the mails has been issued by the postoffice department against the Dr. Chase Company. This patent medicine concern sold three remedies—pills—which, before the Food and Drugs Act made lying on the irksome if not expensive, were known respectively, as “Dr. Chase’s Blood and Nerve Food,” “Dr. Chase’s Kidney Food” and “Dr. Chase’s Liver Food.” Since the enactment of the Food and Drugs Act, however, the term “food” in the name of the nostrums has been changed to “tablets” for obvious reasons. In 1917 K. E. Hafer, the proprietor of the Dr. Chase, Company, was fined under the Food and Drugs Act for misbranding. (*Jour. A.M.A.*, May 25, 1918, p. 1557).

Capsules of Bismuth Resorcinol Compound.—According to the label, each capsule of Bismuth Resorcinol Compound (Gross Drug Co., Inc., New York City) contains bismuth subgallate, 2 grs.; resorcinol, 1 gr.; betanaphthol, $\frac{1}{2}$ gr., and creosote (beechwood) 1 m. The preparation was declared inadmissible to New and Nonofficial Remedies because unwarranted therapeutic claims were made for it; because the name is not descriptive of its composition, and because the combination of the stated drugs in fixed proportions is irrational (Reports Council Pharmacy and Chemistry, 1917, p. 139).

Elixir Novo-Hexamine.—The A.M.A. Chemical Laboratory reports that Elixir Novo-Hexamine (Upsher Smith, St. Paul, Minn.) is not a “stable, palatable, potent preparation of Novo-Hexamine, and acid compound of hexamethylenamine,” as claimed, but a flavored and colored solution of sodium acid phosphate and hexamethylenamine in diluted glycerol. The Council on Pharmacy and Chemistry considered the report of the laboratory and the advertising claims, and declared Elixir Novo-Hexamine inadmissible to New and Nonofficial Remedies because its composition is secret; because the ill-advised use by the public is invited; because unwarranted therapeutic claims are made for it; because the name is misleading, and because

it is irrational to prescribe hexamethylenamine and sodium acid phosphate in fixed proportions (Reports Council Pharmacy and Chemistry, 1917, p. 142).

Formosol.—Sunshine’s Formosol (The Formosol Chemical Co., Cleveland, Ohio) is claimed to contain 18 per cent. formaldehyde in a solution of soap. The preparation was refused recognition by the Council on Pharmacy and Chemistry because it was advertised indirectly to the public and because unwarranted therapeutic claims were made for it. (Reports Council Pharmacy and Chemistry, 1917, p. 145).

Kalak Water.—Kalak Water (The Kalak Water Co., Inc., New York) is a carbonated, artificial mineral water, said to contain in one million parts sodium carbonate, 4,049.0; sodium phosphate, 238.5; sodium chlorid, 806.3; calcium carbonate, 578.2; magnesium carbonate, 48.9, and potassium chlorid, 47.9. In view of the false and absurd claims made, the Council on Pharmacy and Chemistry declared Kalak Water inadmissible to New and Nonofficial Remedies. (Reports Council Pharmacy and Chemistry, 1917, p. 148).

Notwithstanding the many “specifics” and “near-specifics” for hay-fever that have been brought forward in recent years, the disease, if not precisely enigmatical, continues to baffle and perplex. It is evident that no single therapeutic agent has arisen that can eliminate, or even modify, the symptoms in all cases, individual sufferers presenting problems that are peculiar to themselves. The suprarenal substance, in the form of its isolated active principle, Adrenalin, is undoubtedly one of the most reliable alleviants. One feels justified in saying this in view of the long, efficient service it has rendered in the treatment of hay-fever. Not infallible in a strict sense of the word, it affords grateful relief in a vast majority of cases. A powerful astringent, Adrenalin, topically applied, constricts the capillaries, arrests the nasal discharge, minimizes cough, headache and other reflex symptoms, and hastens the resumption of natural breathing. Adrenalin Chloride Solution and Adrenalin Inhalant are the preparations commonly used, being sprayed into the nose and pharynx. The former should be diluted with four to five times its volume of physiologic salt solution, the latter with three to four times its volume of olive oil.